

City of Columbus
Internet Employment Application Form
Application Number: _____

If you need assistance completing this form, assistance will be provided.

Equal Opportunity Employer-Discrimination in employment because of race, religion, creed, color, national origin, ancestry, disability, age, sex, or liability for service in the Armed Forces of the United States is prohibited by City Policy. In addition, the City employment policy requires compliance with national and state employment practices laws and regulations. The City is an equal opportunity employer.

Name: _____ Date: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Social Security Number: _____ Email: _____

General Information

Are you 18 years or older? () Yes () No If no, state age: _____

What type of Drivers License do you hold?
☐ Operators ☐ Commercial ☐ Other

Have you ever been employed by the City of Columbus? () Yes () No
If yes, state location and date: _____

Have you ever pled guilty to or been convicted of a felony? () Yes () No
If yes, please explain. (Note: This answer will be considered only as it relates to
fitness to perform the job)

Are you seeking work: () Full-time () Part-time () Temporary
Position (s) sought: _____

If not applying for specific position, indicate other preferred job (check one box):
☐ Officials & Administrators ☐ Technician ☐ Clerical/Office ☐ Laborer
☐ Professional ☐ Para-Professional ☐ Skilled Craft

EDUCATION

School	Name and Location	Circle Last Year Completed	Major	Did You Graduate?
Grade School		1 2 3 4 5 6 7 8		() Yes () No
High School		9 10 11 12		() Yes () No
Technical		1 2		() Yes () No
College		1 2 3 4		() Yes () No
Other				

Other education related information: _____

Military Data

Dates of Service: From: _____ To: _____

Employment History

Most recent experience first-Include ALL employers for the past four years. Explain any gaps in employment.

1. Company Name: _____ Telephone No: _____
 Address: _____
 Supervisors Name & Title: _____
 Date Started: _____ Date Left: _____ Wage: _____
 Reason For Leaving: _____

2. Company Name: _____ Telephone No: _____
 Address: _____
 Supervisors Name & Title: _____
 Date Started: _____ Date Left: _____ Wage: _____
 Reason For Leaving: _____

3. Company Name: _____ Telephone No: _____
 Address: _____
 Supervisors Name & Title: _____
 Date Started: _____ Date Left: _____ Wage: _____
 Reason For Leaving: _____

4. Company Name: _____ Telephone No: _____
 Address: _____
 Supervisors Name & Title: _____
 Date Started: _____ Date Left: _____ Wage: _____
 Reason For Leaving: _____

May we contact the employers listed above? () Yes () No

Personal References

Please list three individuals who are not related to you, do not live with you, and have known you for three years.

Name	Address	Telephone	Relationship	How long have you known this person?

Additional Information

The City has a policy on nepotism.

Do you have any relatives employed by the City? () Yes () No

If yes, give name and location at which employed: _____

Can you show proof of eligibility to work in the U.S.? () Yes () No

If offered employment with the City, you will be required, by federal law, to furnish documents showing you are eligible to work in the U.S. Individuals who do not furnish these documents cannot work for the City.

I authorize anyone who request is made to supply the City any information concerning my background in connection with employment consideration. I hereby release all parties, including but not limited to the City and my prior employers, from any and all liability for any damage that may result from their furnishing information concerning me. I understand that this application for employment is not a contract of employment.

Columbus has a policy on residency. As applicable with local ordinance and State Law, I understand that if offered employment with the City, I will be required to establish residency within a county contiguous to Bartholomew County within six months.

Date: _____

Signature: _____

To Applicant

Completion of the following section is voluntary on your behalf and will be used only to maintain statistical reports which are required by the government. This section will be detached and filed separately from your application and not considered by us for making any employment decision.

Race	Sex	Age	Vietnam Era Veteran	Disabled
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Male	<input type="checkbox"/> Under 16	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Black	<input type="checkbox"/> Female	<input type="checkbox"/> 16-39	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Hispanic		<input type="checkbox"/> 40-70		
<input type="checkbox"/> Asian or Pacific Islander				
<input type="checkbox"/> American Indian or Alaskan Native				

Additional Information and Sign-Off

Effective July 1, 1997, the state of Indiana implemented the Indiana Driver Privacy Protection Act. Under this statute, disclosure of personal information by the Indiana Bureau of Motor Vehicles is strictly limited. By signing below, you authorize the city to make the necessary requests of the Indiana Bureau of Motor Vehicles.

The information will only be used as necessary for the City of Columbus to carry out it's functions.

Date: _____ Signature: _____

Social Security Number: _____
